

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/889711 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	2					
5	1					
6	4					
7	1					
8	1					
9	1					
10	1					
11	1					
12	2					
13	1					
14	1					
15	1					
16	1					
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47						
48						
49						
50						
TOTAL IND.	21					
TOTAL DEP.	22					
TOTAL CLAIMS						

TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			